



**NAVAL EDUCATION AND TRAINING
PROFESSIONAL DEVELOPMENT AND
TECHNOLOGY CENTER (NETPDTC) STUDENT
CAREER EXPERIENCE PROGRAM (SCEP)
WAIVER REQUEST FOR BREAK IN PROGRAM**

INSTRUCTIONS:

- A. Complete all information requested on this form.
- B. This request must be submitted along with documentation from your educational institution that you are in good academic standing.
- C. Submit to your immediate Supervisor for approval/non-approval
- D. Submit to your Department Director for approval/non-approval
- E. Submit final copy to N84

Name:	Code:
Telephone Number:	E-Mail Address:
Date of This Request:	Not to Exceed Date:
Write a brief description, explaining the basis for the waiver being requested. (Attach additional sheets if needed to complete this section.)	
Print Name:	
Signature:	Date:

Educational Institution () Approved () Not Approved
SCEP Coordinator

Date: _____ Signature: _____

Supervisor () Approved () Not Approved

Date: _____ Signature: _____

Department Director () Approved () Not Approved

Date: _____ Signature: _____